

TX2017 05-102  
VER. 8.0 (Rev.9-15/33)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

30007445809		2017	
Taxpayer name ENTEX BANCSHARES, INC.		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address P.O. BOX 71		Secretary of State (SOS) file number or Comptroller file number	
City COOPER	State TX	ZIP Code plus 4 75432	0065836600

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office P.O. BOX 71, COOPER, TX 75432
Principal place of business P.O. BOX 71, COOPER, TX 75432

You must report officer, director, member, general partner and manager information as of the date you complete this report.



3000744580917

Please sign below! This report must be signed to satisfy franchise tax requirements.

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name JOE TURNER	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432
Name DONNA KING	Title TR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432
Name PATRICIA THATCHER	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432

## SECTION B Enter information for each corporation, LLC, LP, PA, or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution ENLOE STATE BANK	State of formation TX	Texas SOS file number, if any 0000156301	Percentage of ownership 100
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: ANITA FREEMAN

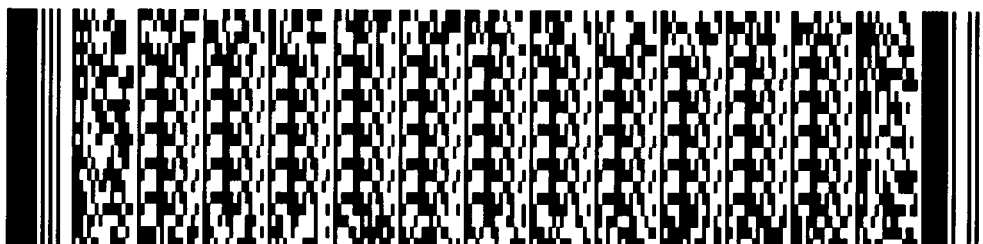
You must make a filing with the Secretary of State to change registered  
agent, registered office or general partner information.

Office: 222 LEXIE ST.	City ENLOE	State TX	ZIP Code 75441
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional  
sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has  
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,  
LLC, LP, PA or financial institution.

sign here	Title PRESIDENT	Date	Area code and phone number ( ) -
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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Mailing address P.O. BOX 71		Secretary of State (SOS) file number or Comptroller file number	
City COOPER	State TX	ZIP Code plus 4 75432	0065836600
<input type="checkbox"/> Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.			
Principal office			
Principal place of business			

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**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name EMILY MARTINEZ	Title PRES	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432
Name JOHNNY PATTERSON	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432
Name JEANNIE SWAIM	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432

**SECTION B** Enter information for each corporation, LLC, LP, PA, or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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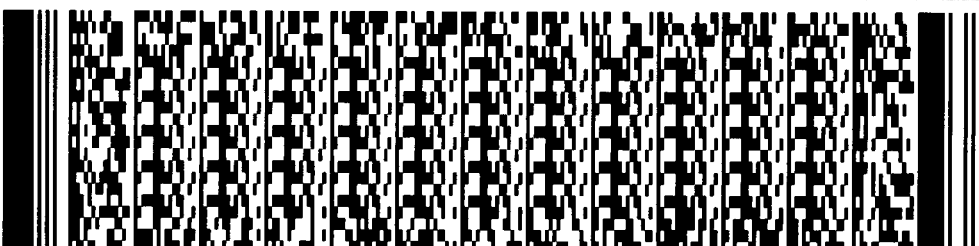
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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here 	Title PRESIDENT	Date 9-12-17	Area code and phone number ( ) -
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VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name ANITA MOODY	Title SECRETARY	Director <input checked="" type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address P. O. BOX 71	City COOPER	State TX	ZIP Code 75432	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

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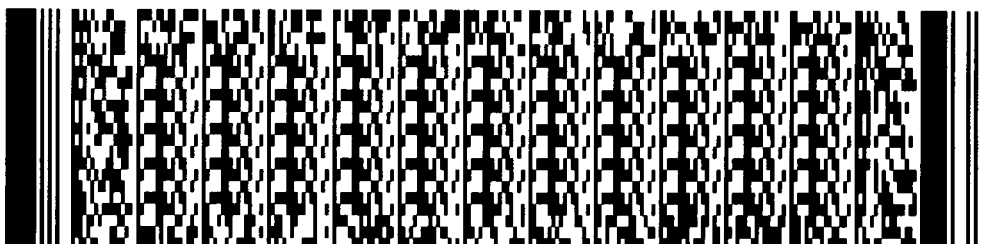
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